

Questionnaire



Dear Patient

These 10 questions check the level of risk from your drinking.




This screening test was developed by the World Health Organization.

Your doctor can give you some feedback on your score.

Name _____




Age _____ Sex: Male _____ Female _____

1 standard drink =


 OR
 
 OR
 

middy of beer (285mls) small glass of wine (100 mls) nip of spirits (30 mls)

1.5 standard drinks =


 OR
 
 OR
 

1 schooner (425mls) 1 can (375 mls) 1 stubby (375 mls)

1. How often do you have a drink containing alcohol?

Never	Monthly or less	2-4 times a month	2 to 3 times a week	4 times a week or more
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2. How many standard drinks do you have on a day when you are drinking?

1 or 2	3 or 4	5 or 6	7 or 8	10 or more
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3. How often do you have 6 or more standard drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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5. How often during the last year have you failed to do what was normally expected of you because of your drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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6. How often during the last year have you needed a drink in the morning to get you going after a heavy drinking session?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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7. How often during the last year have you had a feeling of guilt or regret after drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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9. Have you or someone else been injured as a result of your drinking?

No	Yes, but not in the last year	Yes, during the last year
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10. Has a friend, relative, doctor or other health worker been concerned about your drinking or suggested you cut down?

No	Yes, but not in the last year	Yes, during the last year
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Scoring Template



YOUR SCORE IS:

TOTAL SCORE

0–7 = LOW RISK

8–12 = AT RISK DRINKER

13+ = HIGH RISK of dependence

Tips for your doctor, to help you think over your drinking:

Your patient's score suggests a low risk of alcohol problems.

- Review any responses of concern e.g. episodic heavy drinking, drinking if pregnant
- Using the Handycard, provide feedback and remind of guidelines

For clinical support phone the NSW Drug & Alcohol Specialist Advisory Service on **(02) 9361 8006** or **1800 023 687**

To find alcohol treatment services, phone the Alcohol & Drug Information Service on **(02) 9361 8000** or **1800 422 599**

Your patient is drinking too much or has had problems e.g. binge drinking (check Item 3).

- Review any responses of concern
- Using the Handycard provide brief intervention
 - **F**eedback
 - **L**isten
 - **A**dvice your patient to cut down on drinking
 - **G**oals
 - **S**trategies
- Hand out booklet

Your patient is likely to be dependent on alcohol.

- Review any responses of concern
- Assess dependence & withdrawal symptoms
- Physical exam & blood tests
- Feedback and listen
- Advise: Goal of abstinence for one month or permanently
- Strategies:
 - Management of withdrawals if required
 - Relapse prevention medicines
 - Hand out booklet
- Arrange followup